

COPAYMENTS FOR CHILDREN ENROLLED IN ALL KIDS

	All Kids Previously called Kid Care			Expanded Coverage Under All Kids						
	All Kids Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2	All Kids Premium Level 3	All Kids Premium Level 4	All Kids Premium Level 5	All Kids Premium Level 6	All Kids Premium Level 7	All Kids Premium Level 8
Office Visit	N/A	\$2	\$5	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Encounter	N/A	N/A	N/A	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Dental	N/A	\$2	\$5	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Emergency Room Visit	N/A	\$2	\$25	\$30	\$50	\$75	\$100	\$100	\$100	\$100
Prescription Drugs Including insulin and diabetic supplies.	N/A	\$2 for Brand or Generic	Brand \$5 Generic \$3	Brand \$7 Generic \$3	Brand \$14 Generic \$6	Brand \$21 Generic \$9	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12
Hospital Admission	N/A	\$2 per admission	\$5 per admission	\$100 per admission	\$150 per admission	\$200 per admission	10% of HFS rate per admission	10% of HFS rate per admission	10% of HFS rate per admission	25% of HFS rate per admission
Percentage of HFS rate for each paid outpatient service	N/A	N/A	N/A	5%	10%	15%	20%	20%	20%	25%
Maximum co-pay per year	N/A	\$100 per family for all services	\$100 per family for all services	\$500 per child for hospital services	\$750 per child for hospital services	\$1,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	No Max